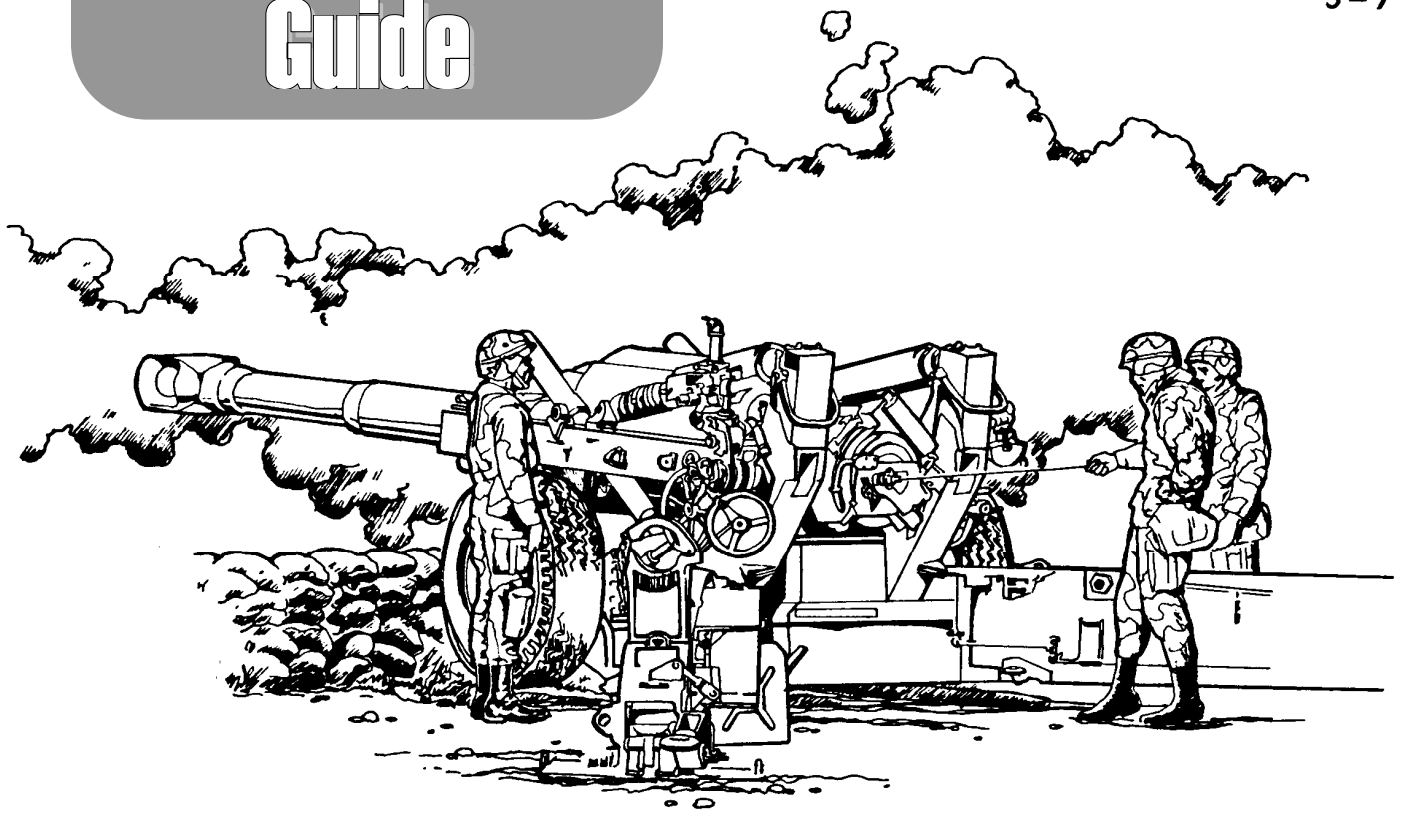


AGAR

Abbreviated Ground Accident Report

Use and Preparation Guide



March 2004



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DA Form 285-AB-R

Abbreviated Ground Accident Report (AGAR) is a two-page fill-in-the-block/narrative form used for reporting specific ground accidents IAW AR 385-40

Summary of Reporting Requirements

All accidents

All accidents (regardless of accident class or personnel duty status) **must be reported** to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

Accident Classification Criteria

- **Class A.** The resulting total cost of reportable damage is \$1,000,000 or more; an Army Aircraft or missile is destroyed, missing, or abandon; or an injury and/or occupational illness results in a fatality or permanent total disability.
- **Class B.** The resulting total cost or reportable property damage is \$200,000 or more but less than \$1,000,000, an injury and/or occupational illness results in permanent partial disability, or three or more personnel are inpatient hospitalized.
- **Class C.** The resulting total cost of property damage is \$20,000 or more but less than \$200,000, a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred, or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).
- **Class D.** The resulting total cost of property damage is \$2,000 or more but less than \$20,000. Injuries that result in restricted work activity, medical attention, or first aid.
NOTE: Report Class D injuries to your local safety office, but only forward them to USASC if they occur in conjunction with at least \$2,000 worth of property damage (i.e., Army property or damage to non-Army property if the Army had a contributing role).

On-duty accidents

- **Class A & B accidents.** The U.S. Army Safety Center (USASC) must be notified immediately about any Class A or B on-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet in AR 385-40. These accidents are not reported on the AGAR. They require follow-up with a completed DA Form 285 or appropriate Department of Labor form for civilian personnel accidents involving injury.
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 days of the date of the accident. Appropriate additional substantiating information should be attached to the AGAR when it is forwarded to the USASC. Use the appropriate Department of Labor form for civilian personnel injuries.

Off-duty accidents

- **Class A & B accidents.** The U.S. Army Safety Center must be notified immediately about any Class A or B off-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet in AR 385-40. These accidents will require follow-up with a completed AGAR within 30 days of the date of the accident.
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 days of the date of the accident.

Combat accident reporting

- **All classes of accidents.** The AGAR may be used to report all classes of accidents in areas of combat or contingency operations when the theater senior tactical commander determines that the situation, condition, and/or time does not permit normal investigation and reporting procedures. Standard reporting procedures found in AR 385-40 will be used when time and conditions permit. All Class A and B accident initial notification will be telephonic to USASC or its field representative in the theater of operations.

GROUND ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

PEACETIME				COMBAT-2	
ACCIDENT CLASS	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	TELEPHONIC NOTIFICATION WORKSHEET	AGAR ONLY By any Means Possible (Message Execution: Fax, Phone, Hand Carry, Mail)
ON-DUTY A	Immediately -1	Not Required	IAI/CAI-90 days	Immediately -1	As time Permits (Not to Exceed 30 days)
B	Immediately -1	Not Required	IAI/CAI-90 days	Immediately -1	As time Permits (Not to Exceed 30 days)
C	Not Required	W/in 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
D	Not Required	W/in 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
OFF-DUTY A	Immediately -1	W/in 30 days	Not Required	Immediately -1	As Time Permits (Not to Exceed 30 days)
B	Immediately -1	W/in 30 days	Not Required	Immediately -1	As Time Permit (Not to Exceed 30 days)
C	Not Required	W/in 30 days	Not Required	Not required	As Time Permit (Not to Exceed 30 days)
D	Not Required	W/in 30 days	Not Required	Not Required	As Time Permit (Not to Exceed 30 days)

- NOTE:** 1. USASC must be notified IMMEDIATELY by phone at DSN 558-2660/2539/3410 or Commercial (334) 255 2660/2539/3410 or notify Safety rep forward (during Combat).
2. When the senior tactical commander determined that the situation, conditions or time does not permit normal peacetime investigation and reporting.

* Report accidents that result in injury to Army civilian employees on appropriate Department of Labor (DOL) forms IAW AR 385-40.

Forwarding forms

Forward the original of the completed AGAR to USASC. Units should consult their local Safety Office for the proper routing of reports in their commands.

When time-sensitive safety-of-use issues are involved, telephonically notify the USASC (334) 255-2660/3410 or DSN 558-2660/3410.

Forward reports to USASC as follows:

- Mail to: Commander, U.S. Army Safety Center, ATTN: CSSC-SDA, Bldg 4905, 5th Ave, Fort Rucker, AL 36362-5363
- Fax: (334) 255-2266 or DSN 558-2266
- Email: accidentinformation@safetycenter.army.mil

Points of contact for question or help in completing this form are available at your local Safety Office or at USASC (334)-255-2256/2609 or DSN 558-2256/2609.

Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. An additional AGAR with Blocks 1, 5, and 11 through 37 will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence. The instructions are keyed to block numbers.

Block 1. Enter the year, month, day, and local time of the accident.

Block 2. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light.

Block 3. Enter the appropriate accident classification ("A", "B", "C", or "D") from accident classification criteria listed on page 1.

Block 4. Check the appropriate box.

Block 5. Enter the unit or activity accountable for this accident. Also, enter the abbreviation of the unit's branch (branch of the Army with which unit is affiliated) from the list below. (NOTE: If accident was caused solely by material failure or environmental factors, enter the unit or activity experiencing the accident).

AG	Adjutant General Corps
AD	Air Defense Artillery
AR	Armor
SP	Army Medical Specialist Corps
AN	Army Nurse Corps
AV	Aviation
CH	Chaplain
CM	Chemical
DC	Dental Corps
EN	Engineers
FA	Field Artillery
FI	Finance Corps
IN	Infantry

JA	Judge Advocate General's Corps
MC	Medical Corps
MS	Medical Service Corps
MI	Military Intelligence
MP	Military Police
OD	Ordnance
PA	Public Affairs
QM	Quartermaster Corps
SC	Signal Corps
SF	Special Forces
TC	Transportation Corps
VC	Veterinary Corps

Block 6a. Enter the exact location of the accident (e.g. building #, street/highway #, distance from nearest landmark, etc.).

Block 6b. Enter one code from the list below for the primary function of the accident location.

- **Maintenance/fabrication facilities**

A1	Vehicle facility (motor pool, maintenance shop)
A2	Aircraft facility (hangar)
A3	Vessel facility (boat overhaul/rebuild facility)
A4	Engineer facility (carpentry, electrical, plumbing shop, etc.).
A5	Other maintenance facility

- **Travel ways**

B1	Pedestrian way (sidewalk)
B2	Vehicle trail (tank trail)
B3	Roadway (street, curb, shoulder, driveway)

- B4** Parking lot
- B5** Aircraft way (flight line, runway)
- B6** Railroad
- **Other operation facilities/areas**
 - C1** Office building
 - C2** Communications facility
 - C3** Construction site
 - C4** Security/law-enforcement facility
 - C5** Bridge
 - C6** Dam
 - C7** Navigation locks
 - C8** Barge
 - C9** Dredge
 - C10** Floating plant
 - C11** Vessel (not elsewhere coded)
 - C12** ARNG/reserve armory
- **Training areas**
 - D1** Range-small arms/ individual weapons
 - D2** Range-crew-served weapons
 - D3** Range-Aerial firing/ bombing
 - D4** Range-infiltration course
 - D5** Dedicated non-firing training area (obstacle/confidence course, parachute drop zone, landing zone, stage field)
 - D6** Temporary training area (unit assembly area, bivouac area)
 - D7** Range-EOD
- **Service facilities**
 - E1** Library
 - E2** Chapel/church
 - E3** Child-care center
 - E4** Post office
 - E5** Laboratory
 - E6** Medical care facility
 - E7** Fire station
 - E8** Commissary
 - E9** Post Exchange
 - E10** Dining Facilities
 - E11** Post exchange, gas station, etc.
 - E12** Museum
 - E13** Animal-care facility
- E14** Refuse disposal area
- E15** Laundry/dry cleaning facility
- **Terrain and water locations**
 - F1** Sloped terrain (ditch, mountain)
 - F2** Wooded terrain (forest, swamp, marsh)
 - F3** Open terrain (field, desert)
 - F4** Moving bodies of water (creek, stream, river)
 - F5** Standing bodies of water (pond, lake, ocean)
 - F6** Lake shore/beach Storage facilities
 - G1** Storage building
 - G2** Outside storage area (POL dump, property disposal area)
- **Plant and factories**
 - H1** Heating plant
 - H2** Printing plant
 - H3** Electrical generating plant (includes power substation)
 - H4** Ammunition/weapons manufacturing plant
 - H5** Other industrial plants and factories
- **Recreational/entertainment facilities**
 - I1** Indoor facilities (bowling alley, gym, movie theater, swimming pool)
 - I2** Outdoor facilities (playing fields, golf course, swimming pool)
- Housing facilities**
 - J1** Family housing
 - J2** Individual housing (BOQ, barracks rooms)
- **Freight and passenger terminals**
 - K1** Airports/Airfield (includes control tower)
 - K2** Rail station/yard

- K3** Port/dock/wharf
- K4** Vehicle terminal (bus station, truck terminal)

- **School facilities**

- L1** Kindergarten through grade 12
- L2** Army-operated technical/occupational training facilities/classrooms
- L3** Non-Army-operated technical/operational training facilities/classrooms (university/college classes)

- **Hobby shop**

- M1** Auto hobby shop
- M2** Woodworking hobby shop
- M3** Other hobby shop

Block 6c. Enter the name of the state or country in which the accident occurred.

Block 6d. Indicate whether the accident occurred on-or-off-post; if on-post, enter the name of the installation/activity.

Block 7a. Check yes if explosives, ammunition, or pyrotechnics were **PRESENT**.

Block 7b. Check yes if explosives, ammunition or pyrotechnics were **INVOLVED**.

Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, so state.

Block 8b. Was the task a METL task? Check the appropriate box.

Block 9. "Involved" means vehicle/equipment/material/property that is damaged, whose use or misuse, materiel failure/malfunction caused or contributed to the accident. Include Army and non-Army equipment/ material. Use one line for each piece of equipment or item and enter the

requested information. Continue on blank paper if necessary.

Block 9a. Enter the name of the equipment /material involved.

Block 9b. Enter the equipment model.

Block 9c. Indicate who owns the vehicle/equipment/material (e.g., DOD, DA, POV, etc.).

Block 9d. Enter an estimate of the damage cost for the piece of equipment listed in block 9a.

Block 9e. From the list below, select the type(s) of collision in which this property material was involved. More than one collision type might be appropriate for the property/material. If so, enter, up to three in the space provided. If "Other" is selected, specify the type of collision in the space provided. If no collision was involved, leave blank.

- 1** Going forward and collided with moving vehicle
- 2** Going forward and collided with parked vehicle
- 3** Collision while backing
- 4** Collision with pedestrian
- 5** Collision with object other than vehicle/pedestrian
- 6** Overturned
- 7** Ran off road
- 8** Jackknifed
- 9** Going forward and rear-ended moving vehicle
- 10** Going forward and rear-ended stopped vehicle
- 11** Collision while turning
- 12** Other (specify)

NOTE: *If the item in block 9a experienced a material failure or malfunction that caused or contributed*

to the accident, complete blocks 9f-9k and block 10. If not, skip to block 11.

Block 9f. Enter the code from the list below that indicates how the component/part failed or malfunctioned (mode or failure). Explanation of these codes is contained Table B-3, Appendix B, DA PAM 385-40.

- | | |
|-----------|--|
| 01 | Overheated/burned/ melted. (Key words: blister, boil, carbonize, char, flame, fuse, and glaze) |
| 02 | Froze (temperature). (Key words: congeal, solidify) |
| 03 | Obstructed/pinched/clogged. (Key words: block, crimp, restrict) |
| 04 | Vibrated. (Key words: oscillate, shake) |
| 05 | Rubbed/worn/frayed. (Key words: score, scrape) |
| 06 | Corroded/rusted/pitted. (Key words: erode, oxidize) |
| 07 | Over-pressured/burst. (Key words: balloon, bulge, explode, rupture, swell) |
| 08 | Pulled/stretched. (Key word elongate) |
| 09 | Twisted/torque. (Key words: turn) |
| 10 | Compressed/hit/ punctured. (Key words: chip, collapse, crush, dent, nick, pinch, press) |
| 11 | Bent/warped. (Key words: bow, buckle) |
| 12 | Sheared/cut. (Key word: chop, sever) |
| 13 | Decayed/decompose. (Key words: mildew, rot, spoiled) |
| 14 | Electric current action. (Key words: short arc, fusing, grounding, amperage, voltage, surge) |
| 97 | Insufficient data to determine mode of failure |

Block 10. Check the appropriate box, which best describes the cause for the Material failures/malfunction. Failures can be caused by leader, standard, or support failures:

- **Leader failure:**
Standards/procedures are known but are not enforced.
- **Standards failure:**
Standards/procedures are not clear/practical or do not exist (e.g., AR, TM, FM, SOP, etc.).
- **Support failure:** Shortcomings in type capability, amount, or condition of equipment, supplies, services, or facilities (equipment/material not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities/services; shortcomings in personnel by quantity of qualifications).

Block 10a. Determine the underlying reason (root cause) the material failed or malfunction and check the block accordingly (see Table B-5, Appendix B, DA PAM 385-40, for an explanation of terms)

Block 10b. Describe how the material failed or malfunctioned and explain why (explain mode of failure from block 9f and root cause from block 10a).

Block 11. Enter last name, first name, and middle initial of involved person. Include UIC if it is different from block 5a. **Note: If more than one person is involved (injured or had a causal or contributing role) then an additional AGAR with blocks 1, 5, and 11-37 completed, is required.**

Block 12. Enter the SSN of the individual listed in block 11.

Block 13. Enter the code from the list below for the classification (at the time of the accident) of the person listed in block 11.

Enter only ONE code.

- A** Active Army
- B** Army civilian
- C** Army contractor
- D** Non-appropriate fund
- E** Other U.S. military
- F** ROTC
- G** Dependent
- H** NGB technician
- I** NGB IDT
- J** NGB AT
- K** NGB ADSW
- L** NGB AGR
- M** NGB ADT
- N7** NGB Activated to active duty
- N** USAR IDT
- O** USAR AT
- P** USAR ADT
- Q** USAR FTM
- R6** USAR Activated to active duty
- R** Foreign Nat'l Direct Hire
- S** Foreign Nat'l Indirect Hire
- T** Foreign Nat'l KATUSA
- U** Foreign Nat'l attached to U.S. Army
- V** Public
- W** Not Reported

Block 14. Enter the MOS or job series of the individual listed in block 11.

Block 15. Check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11.

Block 16. Enter the age of the individual listed in block 11.

Block 17. Enter "M" for male or "F" for female.

Block 18. Enter the rank/pay grade for the individual listed in block 11 (e.g., E5, 03, GS-11, WG-8),

Block 19. Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

Block 20a. Enter the code that indicates the severity of the injury to the individual. If more than one applies, enter the most severe. See Glossary, Section II, Terms, AR 385-40 for definition of the following.

- A** Fatal
- B** Permanent total disability
- C** Permanent partial disability
- D** Days away from work
- E** Restricted work activity
- F** First Aid only
- G** No Injury

Block 20b. Enter the code that best describes this person's most serious injury type.

- A** Burns (chemical)
- B** Burns (thermal)
- C** Amputation
- D** Decompression sickness
- E** Asphyxiation (suffocation)
- F** Fractures
- G** Dislocation
- H** Abrasions
- I** Concussion
- J** Sprains/strain
- K** Cuts/lacerations
- L** Contusion
- M** Puncture wound
- N** Hernia, rupture
- O** Frostbite
- P** Heatstroke
- Q** Heat exhaustion
- R** Noise injury/illness
- S** Other (specify)
- NA** None/non- applicable

Block 20c. Enter the code that best describes the most seriously injured part of this person's body. (Body part entered

here should be one with the injury indicated in previous block.)

- A** Body (general, cannot specify)
- B** Head
- C** Forehead
- D** Eyes
- E** Nose
- F** Jaw
- G** Neck
- H** Trunk
- I** Chest
- J** Heart
- K** Back
- L** Shoulder
- M** Arms
- N** Wrist
- O** Hand
- P** Fingers
- Q** Leg
- R** Knee
- S** Ankle
- T** Foot
- U** Toes
- V** Other
- NA** None/non-applicable

Block 20d. Enter the code that best describes the cause of the most serious injury to this individual.

- A** Struck against
- B** Struck by
- C** Fell from elevation
- D** Fell from same level
- E** Caught in/under/between
- F** Rubbed/abraded
- G** Bodily reaction
- H** Overexertion
- I** Exposure
- J** External contact
- K** Ingested
- L** Inhaled
- M** Thrown from
- NA** None/non-applicable

Block 21. Enter the estimated or actual total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Do not include days hospitalized for "observation only".

Block 22a. Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters). **Do not include** days hospitalized listed in Block 21, or the day of injury.

Block 22b. Enter the estimated or actual number of workdays the individual will not be able to perform all of his or her regular duties AFTER going back to work (light duty/profile).

Block 23. Enter the code from the list below that best describes the individual's activity at the time of the accident. Enter only one code. Check the most relevant activity to the cause of the accident if the person was engaged in more than one activity at the time. For definitions, see section III, glossary, DA PAM 385-40.

- A** Soldiering
- B** Combat soldiering
- C** Physical training
- D** Weapons handling
- E** Engineering or construction
- F** Communication
- G** Security/law enforcement
- H** Fire-fighting
- I** Patient care
- J** Test/study/experiments
- K** Educational
- L** Information and art
- M** Food and drug inspection
- N** Laundry/dry cleaning
- O** Pest/plant control
- P** Operating vehicle/vessel
- Q** Handling animal
- R** Maintenance/repair/ servicing
- S** Fabricating
- T** Handling material/passengers

U	Janitorial/housekeeping, etc.
V	Food/drink/ preparation
W	Supervisory
X	Office
Y	Counseling/advisory
Z	Sports
AA	Hobbies
BB	Passenger
CC	Human movement
DD	Horseplay
EE	By-standing/spectating
FF	Personal hygiene/ eating/sleeping
GG	Parachuting

Block 24. Enter a concise description of the individual activity/task at the time of the accident.

Block 25a. Check YES or NO to indicate whether any personal protective clothing or equipment was required for the activity/task being performed by this individual. If YES, complete blocks 25b-d. If NO, skip to block 26.

Block 25b. Enter the code for the type of equipment that was required.

A	Seat belt
B	Helmet
C	Goggles/glasses
D	Gloves
E	Earplugs
F	Other (specify)

Blocks 25c & 25d. If protective clothing and equipment was required, indicate it was required, and whether or not it was: available and used, available and not used, or not available by entering YES or NO in the appropriate blocks (block 25c and 25d).

Block 26. Check the appropriate box to indicate whether or not alcohol/drugs caused or contributed to the accident.

Block 27. Enter the item number (e.g., #1, #2) from block 9a that indicates which

piece of equipment this individual was associated with.

Block 28. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license to operate, indicate if the individual had such a license (up-to-date). If no license was required or no equipment was being operated, skip to block 29.

Block 29. Enter the number of continuous hours (without sleep) this individual was on duty before the accident.

Block 30. Enter the number of hours sleep (cumulative) this individual had in the past 24 hours.

Block 31. Indicate whether the activity listed in blocks 23 and 24 was part of tactical training (training in field environment that used or develops combat or combat support skills (see note below).

NOTE: For this report, the following definitions apply:

- **Tactical training.** Training (in a field environment) that uses or develops combat or combat support skills.
- **Field exercise and tactical training.** Begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrived back at the primary duty location from the field.

Block 32. If the individual was participating in any type of training, enter the code for the type of training facility being used. If not applicable, leave blank.

A	Garrison
B	Local training area
C	Major training area
D	NTC

- E** JRTC
- F** CMTC
- G** Standard range facility/live fire
- H** Other (specify)

Block 33. For the activity specified in blocks 23 and 24, enter the number of months since last time the individual received training before the accident.

Block 34. Check the appropriate box to indicate whether the individual was on command designated field-training exercise, if it has a name (e.g., Team Spirit, Reforger, and Gallant Eagle) place the name in the space provided. Check "NO" if the individual was not participating in a field training exercise.

Block 35. Indicate if night vision systems/ devices were being used by this individual at the time of the accident (e.g., night vision goggles, ANPVS-5-A). If used, specify the type. If they caused or contributed to the accident, explain in block 39.

Block 36a. Did this individual make a mistake (definite or suspected) that caused and/or contributed to the accident or to the severity of injury and/or damage to property? If the answer is YES complete block 36b & c and block 37. If NO, skip to block 38.

Block 36b. Enter the code from the list below that best indicates the type of mistake made by this individual. See Table B-2, Appendix B, DA PAM 385-40 for explanation and examples of the mistakes/error codes.

- **General mistakes/errors**
 - 01** Inadequate planning.
 - 02** Failed to lock, block, or secure; e.g., load.

- 03** Inadequate inspections or checks of vehicle or equipment.
- 04** Failed to use required safety equipment, device, guard, sign, or signal.
- 05** Operating while fatigued when not necessary or directed.
- 06** Improper use of equipment.
- 07** Improper lifting
- 08** Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, and reduced visibility).
- 09** Improper body position.
- 10** Improperly walked, ran, or climbed.
- 11** Failed to stay alert or attentive to what was happening (situational awareness of environment, conditions, and operations).
- 12** Failed to ensure adequate clearance/space (enough room) for operation.
- 13** Misjudge clearance (improperly estimated or evaluated).
- 14** Improper weapons handling.
- 15** Improper handling of pyrotechnics or explosives
- 16** Incorrectly pulled or pushed equipment or material.
- 17** Failed to firmly grip or hold equipment or material
- 18** Inadequate crew coordination or communication.

(Items 19 through 39 reserved for future use.)

- **Vehicle/equipment specific**
 - 40** Excessive speed.
 - 41** Improper passing.
 - 42** Improper turning.
 - 43** Failed to yield right-of-way (other than while turning).

- 44 Failed to stop at controlled intersection.
- 45 Improperly stopped or parked.
- 46 Improper backing.
- 47 Failed to use ground guide when required.
- 48 Ground guide used improperly or incorrect position, signal, or procedure.
- 49 Following too close for environmental conditions or vehicle speed/design.
- 50 Driving in wrong lane.
- 51 Improper lane change.
- 52 Improper braking.
- 53 Improperly shifted gears on vehicle or equipment.
- 54 Abrupt controls or steering response (except while turning).
- 55 Improperly mounted or dismounted vehicle or equipment.
- 56 Operated vehicle or equipment with known malfunction or unsafe mechanical conditions.

(Items 57-74 reserved for future use.)

- **Supervisor specific**
 - 75 Improper personnel selection or assignment.
 - 76 Knowingly allowed equipment operator to violate procedures.
 - 77 Failed to ensure proper positioning of personnel before vehicle equipment operation.
 - 78 Failed to inform or brief personnel adequately for mission accomplishment.
 - 97 Insufficient information reported to identify mistake or error.

Block 36c. Describe the mistake and how it caused or contributed to the accident. Be specific.

Block 37. General. Mistakes can be caused by shortcomings of leaders, training, standards, support, or the individual:

- **Leader failure.** Standards or procedures are known but are not enforced.
- **Training failure.** Standards exist but school, unit, or on the job training or individual experience is insufficient in content or amount.
- **Standards failure.** Standards or procedures are not clear or practical or do not exist; e.g., AR, TM, FM, SOP, etc.
- **Support failure.** Shortcomings in type, capability, amount, or condition of equipment, supplies, service, or facilities (equipment or material not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities or services); personnel by quantity or qualifications.
- **Individual failure.** Standards are known but are not followed.

Block 37a. Check the box that best describes why this individual made the mistake cited in block 36. See Table B-5, Appendix B, DA PAM 385-40 for definitions of specific causes to help determine the readiness shortcomings or causes responsible for the mistake or error.

Block 37b. Describe the root cause and tell how it caused the mistake. Make sure that the root cause for each error listed in block 36 is addressed.

Block 38. Enter the codes (no more than three) from the list below to indicate the conditions present at the time of the

accident. Also indicate whether the condition caused or contributed to the accident by checking the caused/contributed block and, if YES, explaining in block 39.

- A** Clear/dry
- B** Bright/glare
- C** Dark/dim
- D** Fog/condensation/frost
- E** Mist/rain/sleet/hail
- F** Snow/ice
- G** Dust, fumes, gases, smoke, vapors
- H** Noise, bang, static
- I** Temperature/humidity (cold/heat)
- J** Storm, hurricane, tornado
- K** Wind gust/turbulence
- L** Vibrate/shimmy/sway shake
- M** Radiation/Laser/sunlight
- N** Holes/rocky/ rough/ rutted/ uneven
- O** Inclined/steep
- P** Slippery (not due to precipitation)
- Q** Air pressure (bends, hypoxia, decompression, altitude)
- R** Lightning/static electricity/ grounding
- S** Electromagnetic radiation
- T** Other (specify)

Block 39. Provide a synopsis of the accident explaining what and how the accident happened. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post accident scene and actions. For example, if a soldier was involved in an off-duty POV accident, be sure to indicate where the soldier was going, where he/she was coming from, etc... Also, please address whether the soldier was on leave, pass, PCSing or in a TDY status.

Block 40. Briefly describe all actions taken, planned, or recommended to

eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (See Table B-6, Appendix B, DA PAM 385-40). This section should not be solely focused on the individual soldier; instead, it should address the root causes and how to keep a like accident from occurring. Reporting punitive actions are not appropriate for this report.

Block 41. Enter the individual's name, rank, position, and military email address for the individual that can answer questions about this accident.

Block 42. Enter the name, rank, and signature of the command review authority.

Block 43. Enter the name of the Safety office reviewing official. Please include their phone number and official email address.

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)										REQUIREMENT CONTROL SYMBOL CSOCS-308	
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA											
1. TIME & DATE OF ACCIDENT a. Yr: 00 b. Mth: 05 c. Day: 10 Time: 0015				2. PERIOD OF DAY <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		3. ACDT CLASS: A		4. ACDT OCCURRED DURING: <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Noncombat			
5. UNIT IDENTIFICATION		a. UIC (6-digit Code): WB123R		Name of Unit: B Co, A-111 BN				c. Unit's Branch: OD		d. MACOM: FORSCOM	
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed to local site): Corner of A and B street, Ft Fun								b. Type Location: B3	
c. State / Country: Alabama		d. <input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Fort Fun		7. EXPLOSIVES / AMMO		a. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		b. Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. MISSION		a. Briefly describe the mission: Off Duty								b. METL Task? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. VEHICLE / EQUIPMENT INVOLVED											
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted
#1: Honda		Accord	POV	17,000.00	7 & 6						<input type="checkbox"/> Yes <input type="checkbox"/> No
#2:											<input type="checkbox"/> Yes <input type="checkbox"/> No
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure / malfunction.										b. Describe how the material failed / malfunctioned and explain why (root cause).	
a.		LEADER (Not ready / willing to enforce standards)		STDS / PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcomings in type, acceptability, amount, or condition of equip / supplies / facilities)					
<input type="checkbox"/>		Direct Supervision		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip / Material improperly designed		<input type="checkbox"/> Inadequate Manufacture			
<input type="checkbox"/>		Unit Command Supervision		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip / Material not provided		<input type="checkbox"/> Inadequate Maintenance			
<input type="checkbox"/>		Higher Command supervision		<input type="checkbox"/> FM <input type="checkbox"/> None exists		<input type="checkbox"/> Inadequate Facilities / Services		<input type="checkbox"/> Other			
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION:		14. MOS: 15C10		15. DUTY STATUS <input type="checkbox"/> On-duty <input checked="" type="checkbox"/> Off-duty	
Smith, Joey K.				111-22-3333		16. AGE: 21 17. SEX: M		18. PAY GRADE: E-4		19. FLIGHT STATUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						20. MOST SEVERE INJURY (See Instructions)		a. Degree: C		b. Type: F	
21. DAYS HOSPITALIZED 180		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below									
22. WORKDAYS a. Lost: 90 b. Restricted:		23. CODE P		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK The soldier was operating the vehicle at the time of the accident.							
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS CAUSED / CONT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a.): 1			
a. Required	b. Type Equip	c. Available	d. Used	28. LICENSED TO	29. HRS	30. HRS	31. TACTICAL	32. TYPE TRAINING	33. LAST	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
<input checked="" type="checkbox"/> Yes	#1: a	#1: Yes	#1: Yes	OPERATE EQUIP	ON DUTY	SLEEP	TRAINING	FACILITY	TRAINING	<input type="checkbox"/> Yes If Yes, provide name	<input type="checkbox"/> Yes If Yes, provide name.
<input type="checkbox"/> No	#2:	#2:	#2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12	8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.											
a. Mistake <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. Tell what the mistake was and how it caused / contributed to the accident.									
b. Code 40		The soldier traveled at excessive speed in contravention to the posted speed. The soldier was traveling approximately 60-70 miles per hour in a 30mph zone.									

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37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) <i>(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)</i>							
a.	LEADER <i>(Not ready, willing to enforce standards)</i>	TRAINING <i>(Insufficient in Content / Amount)</i>	STDS / PROCEDURES <i>(Not clear / Not practical)</i>	SUPPORT <i>(Shortcoming in type, capability, amount, or condition of equip, supplies, services, or facilities.)</i>	INDIVIDUAL <i>(Mistake due to own personal factors)</i>		
<input checked="" type="checkbox"/>	Direct Supervision	<input type="checkbox"/> School	<input type="checkbox"/> AR <input type="checkbox"/> SOP	<input type="checkbox"/> Equip / Material improperly designed <input type="checkbox"/> Inadequate Manufacture	<input type="checkbox"/> Poor / Bad attitude	<input type="checkbox"/> Fatigue	
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/> Unit	<input type="checkbox"/> TM <input type="checkbox"/> Other	<input type="checkbox"/> Equip / Material not provided <input type="checkbox"/> Inadequate Maintenance	<input type="checkbox"/> Overconfident	<input checked="" type="checkbox"/> Alcohol, Drugs	
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/> Experience, OJT	<input type="checkbox"/> FM <input type="checkbox"/> None exist	<input type="checkbox"/> Inadequate Facilities / Services <input type="checkbox"/> Other	<input type="checkbox"/> In a hurry	<input type="checkbox"/> Fear / Excitement	
b. Describe root cause(s) and tell how it / they caused the mistake The soldier's decision making process was hindered by his consumption of alcohol. The soldier had no known history of speeding or other traffic related offenses and always demonstrated good driving habits while operating military vehicles. The soldier was not counseled, briefed, or integrated back into the unit by anyone in his chain of command after arriving back from the long deployment.					38. ENVIRONMENTAL CONDITIONS a. Present b. Caused / Contributed #1: C <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk #2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT <i>(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)</i>							
<p>After being deployed for several months at the JRTC, SPC Smith and SPC Wrench volunteered to go to the NTC to provide maintenance assistance in support of vehicle rail load operations while the rest of the unit returned to home station. The two soldiers were accompanied by their team chief, SFC Donaldson. After completing the mission at the NTC, the team chief sent the two soldiers back to their home station while he remained to tie up some loose ends. The soldiers arrived at their unit around 1600 hours and were scheduled to sign-out on leave the following day. The unit was on a scheduled block leave and would deploy to the NTC later that month.</p> <p>Once the soldier's arrived at the barracks, they changed clothes and began drinking beer. A little before midnight, they ran out of beer and drove to a nearby shoppette to purchase more beer. After purchasing the beer, they drove back toward the barracks. The driver, SPC Smith, accelerated the vehicle achieving speeds between 60-70 mph within a 1/3 of a mile. As the driver approached a left S-curve in the road, he lost control of the vehicle and it slid off the roadway into the gravel area to the right of the road. The vehicle continued slide until reached an embankment and then rolled down the 15 foot embankment landing upright. The passenger sustained massive head and abdominal injuries which resulted in his death. The driver sustained multiple facial fractures and suffered a sever head injury. Although the driver survived the accident, he remains in critical condition and may suffer permanent brain damage.</p> <p>A vehicle traveling in the opposite direction witnessed the accident and called 911. Emergency response personnel were on the scene within 6 minutes. The passenger showed no signs of life and was pronounced dead at the scene. The driver was transported to the hospital.</p>							
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED.							
Unit level:							
1) Commander, B Co, A-111 Bn: a. Ensure all personnel returning from deployments report to their supervisor for instructions and appropriate briefings prior to releasing them from duty. b. Brief all unit personnel on the facts and circumstances surrounding this accident. 2) Commander, A-111 Bn, establish a policy for integrating personnel back into the unit after deployments.							
High level: None.							
Army level: None.							
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT							
a. Name (Last, First, MI): Johnson, Mary K. MAJ, BN Safety Officer Mary.Johnson@us.army.mil					b. Telephone # DSN: 333- 2222 COM: 111-333-2222		
42. COMMAND REVIEW a. Name: White, Donald D.				c. Rank: LTC		43. SAFETY OFFICE REVIEW	
b. Signature				d. Date: 20 May 00		a. Name Joseph Jones, GS-12 DSN 333-2525	
						b. Date 25 May 00	

NOTE: This is just one example. Apply the same reporting techniques and principles for all accidents reported on the AGAR.

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)										REQUIREMENT CONTROL SYMBOL CSOCS-308	
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA											
1. TIME & DATE OF ACCIDENT a. Yr: 00 b. Mth: 05 c. Day: 10 Time: 0015				2. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		3. ACDT CLASS: A		4. ACDT OCCURRED DURING: <input type="checkbox"/> Combat <input type="checkbox"/> Noncombat			
5. UNIT IDENTIFICATION		a. UIC (6-digit Code): WB123R		Name of Unit: B Co, A-111 BN				c. Unit's Branch: OD		d. MACOM: FORSCOM	
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed to local site): Corner of A and B street, Ft Fun									
c. State / Country: Alabama		d. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post		Name: Fort Fun		7. EXPLOSIVES / AMMO		a. Present <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. MISSION		a. Briefly describe the mission: Off Duty									
9. VEHICLE / EQUIPMENT INVOLVED										b. METL Task? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted
#1:											<input type="checkbox"/> Yes <input type="checkbox"/> No
#2:											<input type="checkbox"/> Yes <input type="checkbox"/> No
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure / malfunction.										b. Describe how the material failed / malfunctioned and explain why (root cause).	
a.	LEADER (Not ready / willing to enforce standards)		STDS / PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcomings in type, acceptability, amount, or condition of equip / supplies / facilities)						
<input type="checkbox"/>	Direct Supervision		<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip / Material improperly designed		<input type="checkbox"/> Inadequate Manufacture				
<input type="checkbox"/>	Unit Command Supervision		<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip / Material not provided		<input type="checkbox"/> Inadequate Maintenance				
<input type="checkbox"/>	Higher Command supervision		<input type="checkbox"/> FM	<input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities / Services		<input type="checkbox"/> Other				
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION:		14. MOS: 15C10		15. DUTY STATUS <input type="checkbox"/> On-duty <input checked="" type="checkbox"/> Off-duty	
Wrench, Michael N.				123-44-5555		A		16. AGE: 21 17. SEX: M		18. PAY GRADE: E-4	
				20. MOST SEVERE INJURY (See Instructions)		a. Degree: A		b. Type: F		19. FLIGHT STATUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. DAYS HOSPITALIZED		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK Provide code (from list in instructions) and describe in space below									
22. WORKDAYS		23. CODE	24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK								
a. Lost:		BB	The soldier was a passenger in the vehicle at the time of the accident.								
b. Restricted:											
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS CAUSED / CONT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a.): 1			
a. Required	b. Type Equip	c. Available	d. Used	28. LICENSED TO	29. HRS	30. HRS	31. TACTICAL	32. TYPE TRAINING	33. LAST	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
<input checked="" type="checkbox"/> Yes	#1: A	#1: Yes	#1: Yes	OPERATE EQUIP	ON DUTY	SLEEP	TRAINING	FACILITY	TRAINING	<input type="checkbox"/> Yes If Yes, provide name	<input type="checkbox"/> Yes If Yes, provide name.
<input type="checkbox"/> No	#2:	#2:	#2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12	8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.											
a. Mistake		c. Tell what the mistake was and how it caused / contributed to the accident.									
<input checked="" type="checkbox"/> Yes (suspected)											
<input type="checkbox"/> No											
b. Code											
76		At the present time the board is unable to fully determine if the soldier made an error because the passenger is deceased and the driver is still not conscious. However, the board suspects the passenger knowingly allowed the intoxicated driver to operate the vehicle at excessive speeds. The driver was traveling approximately 60-70 mph in a 35mph zone.									

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37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)											
a.	LEADER (Not ready, willing to enforce standards)		TRAINING (Insufficient in Content / Amount)		STDS / PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcoming in type, capability, amount, or condition of equip, supplies, services, or facilities.)		INDIVIDUAL (Mistake due to own personal factors)		
<input checked="" type="checkbox"/>	Direct Supervision		<input type="checkbox"/> School		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip / Material improperly designed <input type="checkbox"/> Inadequate Manufacture		<input type="checkbox"/> Poor / Bad attitude <input type="checkbox"/> Fatigue		
<input type="checkbox"/>	Unit Command Supervision		<input type="checkbox"/> Unit		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip / Material not provided <input type="checkbox"/> Inadequate Maintenance		<input checked="" type="checkbox"/> Overconfident <input checked="" type="checkbox"/> Alcohol, Drugs		
<input type="checkbox"/>	Higher Command Supervision		<input type="checkbox"/> Experience, OJT		<input type="checkbox"/> FM <input type="checkbox"/> None exist		<input type="checkbox"/> Inadequate Facilities / Services <input type="checkbox"/> Other		<input type="checkbox"/> In a hurry <input type="checkbox"/> Fear / Excitement		
b. Describe root cause(s) and tell how it / they caused the mistake								38. ENVIRONMENTAL CONDITIONS			
The soldier's decision making process was hinder from alcohol consumption. The soldier was not counseled, briefed, or integrated back into the unit by anyone in his chain of command after arriving back from the long deployment. The passenger had been counseled several times previously for participating in unauthorized "street drag racing."								a. Present		b. Caused / Contributed	
								#1: C		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
								#2:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
								#3:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened)											
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED.											
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT											
a. Name (Last, First, MI):							b. Telephone # DSN: COM:				
42. COMMAND REVIEW a. Name:					c. Rank:		43. a. Name		b. Date		
b. Signature					d. Date:						

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U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA										REQUIREMENT CONTROL SYMBOL CSOCS-308	
1. TIME & DATE OF ACCIDENT a. Yr: 00 b. Mth: 05 c. Day: 10 Time: 0015				2. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		3. ACDT CLASS: A		4. ACDT OCCURRED DURING: <input type="checkbox"/> Combat <input type="checkbox"/> Noncombat			
5. UNIT IDENTIFICATION		a. UIC (6-digit Code): WB123R		Name of Unit: B Co, A-111 BN				c. Unit's Branch: OD		d. MACOM: FORSCOM	
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed to local site): Corner of A and B street, Ft Fun								b. Type Location:	
c. State / Country: Alabama		d. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post		Name: Fort Fun		7. EXPLOSIVES / AMMO		a. Present <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. MISSION		a. Briefly describe the mission: Off Duty								b. METL Task? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. VEHICLE / EQUIPMENT INVOLVED						Material Failure / Malfunction Information					
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted
#1:											<input type="checkbox"/> Yes <input type="checkbox"/> No
#2:											<input type="checkbox"/> Yes <input type="checkbox"/> No
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure / malfunction.										b. Describe how the material failed / malfunctioned and explain why (root cause).	
a.	LEADER (Not ready / willing to enforce standards)		STDS / PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcomings in type, acceptability, amount, or condition of equip / supplies / facilities)						
<input type="checkbox"/>	Direct Supervision		<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip / Material improperly designed		<input type="checkbox"/> Inadequate Manufacture				
<input type="checkbox"/>	Unit Command Supervision		<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip / Material not provided		<input type="checkbox"/> Inadequate Maintenance				
<input type="checkbox"/>	Higher Command supervision		<input type="checkbox"/> FM	<input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities / Services		<input type="checkbox"/> Other				
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION:		14. MOS: 15C40		15. DUTY STATUS <input type="checkbox"/> On-duty <input checked="" type="checkbox"/> Off-duty	
Donaldson, Jerry Z.				789-65-4321		16. AGE: 29 17. SEX: M		18. PAY GRADE: E-7		19. FLIGHT STATUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				20. MOST SEVERE INJURY (See Instructions)		a. Degree: G		b. Type: NA		c. Body Part: NA d. Cause: NA	
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below									
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK							
a. Lost:		W		The soldier was the supervisor for the two soldier's involved in this accident. At the time of the accident, the supervisor was deployed.							
b. Restricted:											
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS CAUSED / CONT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a.): 1			
a. Required	b. Type Equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
<input type="checkbox"/> Yes	#1:	#1:	#1:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12	8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes If Yes, provide name	<input type="checkbox"/> Yes If Yes, provide name.
<input checked="" type="checkbox"/> No	#2:	#2:	#2:							<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.											
a. Mistake <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. Tell what the mistake was and how it caused / contributed to the accident.									
b. Code 01		The team chief did not adequately plan for the soldier's return. That is, he did not brief the soldiers or coordinate with subordinate leaders to properly integrate the soldiers back into the unit. Subsequently, the soldiers were on their own when they returned to home station. They began drinking and then drove to the shoppette to get more beer. On the way back to the barracks, while traveling at excessive speed, the driver lost control of the vehicle and ran off the road. The vehicle rolled down a 15 foot embankment fatally injuring the passenger and seriously injuring the driver.									

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U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA										REQUIREMENT CONTROL SYMBOL CSOCS-308	
1. TIME & DATE OF ACCIDENT a. Yr: b. Mth: c. Day: Time:				2. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		3. <u>ACDT CLASS</u> :		4. ACDT OCCURRED DURING: <input type="checkbox"/> Combat <input type="checkbox"/> Noncombat			
5. UNIT IDENTIFICATION		a. UIC (6-digit Code):			b. Name of Unit:			c. Unit's Branch:		d. MACOM:	
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed to local site):									
c. State / Country:		d. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post Name:			7. EXPLOSIVES / AMMO		a. Present <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. MISSION		a. Briefly describe the mission:						b. METL Task? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. VEHICLE / EQUIPMENT INVOLVED					Material Failure / Malfunction Information						
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted	
#1:										<input type="checkbox"/> Yes <input type="checkbox"/> No	
#2:										<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure / malfunction.										b. Describe how the material failed / malfunctioned and explain why (root cause).	
a.	LEADER (Not ready / willing to enforce standards)		STDS / PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcomings in type, acceptability, amount, or condition of equip / supplies / facilities)						
<input type="checkbox"/>	Direct Supervision		<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip / Material improperly designed		<input type="checkbox"/> Inadequate Manufacture				
<input type="checkbox"/>	Unit Command Supervision		<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip / Material not provided		<input type="checkbox"/> Inadequate Maintenance				
<input type="checkbox"/>	Higher Command supervision		<input type="checkbox"/> FM	<input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities / Services		<input type="checkbox"/> Other				
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)			12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION:		14. MOS:		15. DUTY STATUS <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty		
					16. AGE: 17. SEX: M		18. PAY GRADE:		19. FLIGHT STATUS <input type="checkbox"/> Yes <input type="checkbox"/> No		
			20. MOST SEVERE INJURY (See Instructions)		a. Degree:		b. Type:		c. Body Part: d. Cause:		
21. DAYS HOSPITALIZED		22. WORKDAYS									
		23. CODE									
		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK									
		25. PERSONAL PROTECTIVE EQUIPMENT									
		26. ALCOHOL / DRUGS CAUSED / CONT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk									
		27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a.):									
a. Required	b. Type Equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING EXERCISE	
<input type="checkbox"/> Yes	#1:	#1:	#1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes If Yes, provide name	
<input type="checkbox"/> No	#2:	#2:	#2:							<input type="checkbox"/> No	
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.											
a. Mistake <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Tell what the mistake was and how it caused / contributed to the accident.									
b. Code											

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) <i>(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)</i>							
a.	LEADER <small><i>(Not ready, willing to enforce standards)</i></small>	TRAINING <small><i>(Insufficient in Content / Amount)</i></small>	STDS / PROCEDURES <small><i>(Not clear / Not practical)</i></small>		SUPPORT <small><i>(Shortcoming in type, capability, amount, or condition of equip, supplies, services, or facilities.)</i></small>	INDIVIDUAL <small><i>(Mistake due to own personal factors)</i></small>	
<input type="checkbox"/>	Direct Supervision	<input type="checkbox"/>	School	<input type="checkbox"/>	AR	<input type="checkbox"/>	SOP
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/>	Unit	<input type="checkbox"/>	TM	<input type="checkbox"/>	Other
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/>	Experience, OJT	<input type="checkbox"/>	FM	<input type="checkbox"/>	None exist
					<input type="checkbox"/>	Equip / Material improperly designed	
					<input type="checkbox"/>	Equip / Material not provided	
					<input type="checkbox"/>	Inadequate Manufacture	
					<input type="checkbox"/>	Inadequate Maintenance	
					<input type="checkbox"/>	Inadequate Facilities / Services	
					<input type="checkbox"/>	Other	
b. Describe root cause(s) and tell how it / they caused the mistake						38. ENVIRONMENTAL CONDITIONS a. Present b. Caused / Contributed #1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT <i>(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)</i>							
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED.							
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT							
a. Name (Last, First, MI):						b. Telephone # DSN: COM:	
42. COMMAND REVIEW a. Name:				c. Rank:		43. SAFETY OFFICE REVIEW	
b. Signature				d. Date:		a. Name	
						b. Date	

For questions regarding the AGAR, contact:

MS. Peggy Adams at (334) 255-2256 or DSN 558-2256, email

AdamsP@safetycenter.army.mil

Or

Mr. Ron Chisum at (334) 255-2609 or DSN 558-2609, email

ChisumR@safetycenter.army.mil

VISIT THE UNITED STATES ARMY SAFETY HOME PAGE:

<http://safety.army.mil/home.html>

VISIT THE ARMY RISK MANAGEMENT INFORMATION SYSTEM (RMIS):

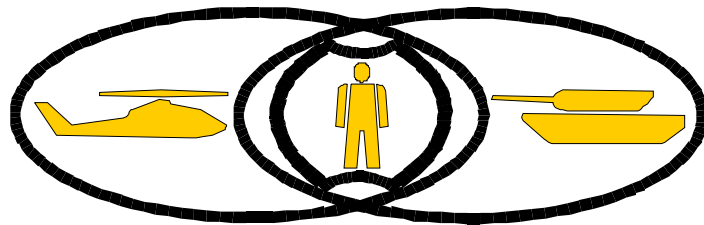
<http://rmis.army.mil/>

ELECTRONICALLY SUBMIT THE AGAR TO

accidentinformation@safetycenter.army.mil

REACH THE USASC HELP DESK AT

HelpDesk@safetycenter.army.mil



U.S. ARMY SAFETY CENTER